

Child Care Coordinating Committee Membership Application

Applicant Name:		
Applicant Occupation:		
Present Employer:		
Employer Address:		
Work Phone: () -	Work FAX: () -	Work E-mail Address:
Home Address:		
Home Phone: () -	Home Fax: () -	Home E-mail Address:
The following information is requested to assist the Committee in maintaining membership representative of the diversity of the child care and early education and school age care community in Washington.		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race(s) or culture(s) you consider yourself (Optional):	
Please check all that describe you: <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Health Professional <input type="checkbox"/> Businessperson <input type="checkbox"/> Nanny <input type="checkbox"/> Childcare provider <input type="checkbox"/> Special Needs Advocate <input type="checkbox"/> Administrator/Manager		
Please indicate your highest level of education and summarize any education or work/volunteer experience that you feel would benefit the coordination of child care and early education and school age care in Washington. (Please attach any other information you wish such as a résumé if available/applicable)		
What do you feel would be your greatest contribution to the Child Care Coordinating Committee?		
What do you see as the most pressing issues in child care and early education and school age care?		
CCCC meetings are held for 6 hours every other month on a Monday in Kent, Washington. Would you need assistance accommodating any of the following issues? (Check all that apply): <input type="checkbox"/> Transportation to meetings <input type="checkbox"/> Travel expenses <input type="checkbox"/> Release from Work <input type="checkbox"/> Substitute at Work <input type="checkbox"/> Child care during meetings <input type="checkbox"/> Other _____		
For which stakeholder group or agency representation position on CCCC are you applying?		
Date:	Signature:	

For CCCC Use only: Position: _____

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Revised 4/12/99